

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L74035**

(1)

1. Corporation Name

CTI OF NEW JERSEY, INC.



Principal Place of Business

**4491 S. STATE RD 7
STE 200
FT. LAUDERDALE FL 33314
US**

Mailing Address

**4491 S STATE RD 7
STE 200
FT. LAUDERDALE FL 33314
US**

3. Date Incorporated or Qualified
05/16/1990

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FBI Number
65-0306032

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOISVERT, LOUIS W. III
4491 SO STATERD 7
STE 200
FT. LAUDERDALE FL 33314**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

(If Not Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **ULLRICH, KLAMM**
STREET ADDRESS **4491 SO STATE RD 7, STE 200**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **S** ☐ DELETE
NAME **CAROL BEFANIS O'DONNELL**
STREET ADDRESS **4491 SO STATE RD7, STE 200**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **T** ☐ DELETE
NAME **DOBROVOSKY, LISA**
STREET ADDRESS **4491 SO STATE RD 7, STE 200**
CITY-ST-ZIP **FT LAUD FL**

TITLE **DVPC** ☐ DELETE
NAME **BOISVERT, LOUIS W. III**
STREET ADDRESS **4491 SO SR 7, STE 200**
CITY-ST-ZIP **FT LAUD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**200001783822
-04/17/96--01045--031
***200.00**

SIGNATURE:

[Signature]

Louis W. Boisvert, III

4/5/96

(954) 321-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)